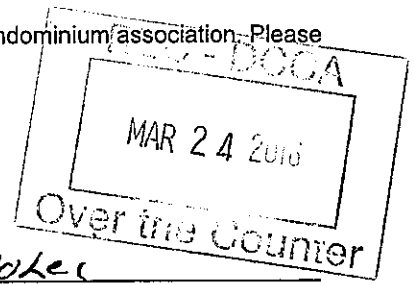


CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

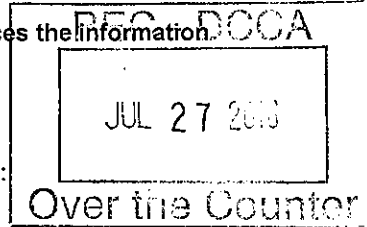
All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA – P&VLD
Real Estate Commission
335 Merchant Street, Room 333
Honolulu, HI 96813



Name of Condominium Association: NET Generation KAPOLE

The information provided on this form is current as of 3/23/11 and replaces the information previously provided to the Real Estate Commission ("Commission").



Please indicate the change being reported:

☒ Names and positions of the officers of the association (President, Secretary and Treasurer required):

Shane Griffin President
Bernard Alvarez Secretary
Rick Smoot Treasurer

☐ Designated officer of the association who can be contacted directly:

Name: _____ Title: _____

Officers Public Address: _____

Email Address: _____ Telephone Number: _____

☐ Management status: (Check ONE only and fill in corresponding information)

☐ Self-managed by the Association of Unit Owners (AOUO)

Name of Manager: _____ Title: _____

Address: _____

Email Address: _____ Telephone Number: _____

☒ Managed by Condominium Managing Agent

Name: Avalon Commercial LLC RB License Number: _____

Contact Person: Phillip Keyser Title: Agent

Address: 800 Bethel Street STE 501 Honolulu HI 96813

Email Address: pk@avalonhi.com Telephone Number: 808-375-6700

☒ Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission: (if different from above)

Name of Manager: Avalon Commercial Title: Phillip Keyser Agent

Address: 800 Bethel Street STE 501 Honolulu HI 96813

Email Address: pk@avalonhi.com Telephone Number: 808-375-6700

☒ Individual responsible for policy to provide reasonable access to persons authorized to serve civil process:

Name: SHANNE R. GRIFFIN

Telephone No.: (808) 864-2750

Alternate Name: RICK SPOT

Telephone No.: (808) 853-3866

I certify that I am authorized to sign this form on behalf of this condominium association, and that the information provided is true and correct.

Shanne Griffin
Signature of association officer, developer or 100% sole owner of condominium project

SHANNE GRIFFIN

Print Name

7-20-2015

Date

Check one only:

- ☒ President ☐ Vice - President ☐ Secretary ☐ Treasurer
☐ Developer or Developer's Agent registering for unorganized association
☐ 100% Sole Owner of Condominium Project

